# How would you like to order?

Choose from these easy options:

Call toll-free: 1-800-995-4099

Business hours: Monday—Friday, 8:00 a.m. to 4:30 p.m. (Pacific Standard Time)

## Check or credit card

Send a check or charge your order to a VISA or MasterCard credit card. If charging your order and submitting it by mail, please include the credit card number, the expiration date, and your signature on the order form and send it to the address shown on the order form on the following page.



## Purchase order

All businesses, educational institutions, and governmental agencies may use purchase orders. A bona fide purchase order with an authorized signature is required. Mail it to the address shown on the order form on the following page.

Fax

Visa or MasterCard credit card orders may also be placed by FAX at (916) 323-0823.

### 30-Day Refund and Exchange Policy y

Damaged or incorrect shipments must be reported to the Sales Office within 30 days of receipt. All other returns are subject to a 40% restocking fee plus shipping charges. All sales are final after 30 days. y

#### International Orders y

International orders must be charged to a VISA or MasterCard credit card. Please contact the Sales Office at 00-1-916-445-1260 for information and rates.

#### Shipping and Handling y

All orders to be delivered within the continental United States are shipped via United Parcel Service (UPS), ground service, ONLY.

UPS REQUIRES A STREET ADDRESS.

Orders to HAWAII and ALASKA are shipped via UPS Second Day Air. An additional charge for the shipping cost to those states plus a handling fee will be added to your credit card order. Call us toll-free at 1-800-995-4099 for details.

| UPS GROUND C     | CHARGES     |
|------------------|-------------|
| Purchase         |             |
| amount           | Add         |
| 0 - \$15         | \$ 5.95     |
| \$15.01 - \$30   | 7.95        |
| \$30.01 - \$50   | 9.95        |
| \$50.01 - \$100  | 11.95       |
| \$100.01- \$150  | 13.95       |
| \$150.01- \$200  | 15.95       |
| \$200.01 - \$250 | 17.95       |
| \$250.01 - \$300 | 19.95       |
| \$300.01 - \$350 | 21.95       |
| \$350.01 and up  | 6%          |
|                  | of subtotal |
|                  |             |

#### CALIFORNIA SALES TAX TABLE (Percent of subtotal, by county)\* y Alameda ..... 8.25 Imperial ......7.75 Modoc ......7.25 San Diego ......7.75 Sonoma ...... 7.50 Mono ......7.25 Stanislaus ......7.375 Alpine ......7.25 Inyo ......7.75 San Francisco ...... 8.50 Sutter ......7.25 Amador ......7.25 Kern ......7.25 Monterey ..... 7.25 San Joaquin ...... 7.75 San Luis Obispo ..... 7.25 Tehama ...... 7.25 Butte ...... 7.25 Kings ......7.25 Napa ......7.75 Calaveras ...... 7.25 Lake ......7.25 Nevada ...... 7.375 San Mateo ...... 8.25 Trinity ...... 7.25 Colusa ...... 7.25 Lassen ......7.25 Orange ......7.75 Santa Barbara ...... 7.75 Tulare ......7.25 Contra Costa ...... 8.25 Los Angeles ...... 8.25 Placer ...... 7.25 Santa Clara ...... 8.25 Tuolumne ...... 7.25 Del Norte ......7.25 Madera ......7.75 Plumas ...... 7.25 Santa Cruz ...... 8.00 Ventura ......7.25 Marin ......7.25 Riverside ..... 7.75 Shasta ...... 7.25 Yolo ......7.25 Fresno ...... 7.875 Mariposa ......7.75 Sacramento ...... 7.75 Yuba ...... 7.25 Glenn ......7.25 Mendocino ......7.25 San Benito ............ 7.25 Siskiyou ...... 7.25 Humboldt ......7.25 \*August 2003 San Bernardino ..... 7.75 Merced ...... 7.25 Solano ...... 7.375

# Order Form

To order call: 1-800-995-4099

| Business Hours:  | 8:00 a.m4:30                | D p.m., PST •            | Monday Through                  | Friday •       | FAX 91                   | 6-323-0823     |  |
|--|-----------------------------|--------------------------|---------------------------------|----------------|--------------------------|----------------|--|
| FROM:  |                             |                          | SHIP TO:                        |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
| SCHOOL/DISTRICT (if applicable)  | □ PUBLIC                    | ☐ PRIVATE                | SCHOOL/DISTRICT (if applicable) |                |                          |                |  |
| NAME/ATTENTION   |                             |                          | NAME/ATTENTION                  |                |                          |                |  |
| ADDRESS  |                             |                          | STREET ADDRESS (REQUIR          | RED FOR UPS DE | LIVERY) y                |                |  |
| CITY   |                             | STATE ZIP CODE           | CITY                            |                | STATE                    | ZIP CODE       |  |
|  | ( )                         |                          | ( )                             |                |                          |                |  |
| COUNTY   | DAYTIME TE                  | ELEPHONE                 | DAYTIME TELEPHONE               |                |                          |                |  |
| E-MAIL ADDRESS   |                             |                          | E-MAIL ADDRESS                  |                |                          |                |  |
| ORDER SELECTION:   |                             |                          |                                 |                |                          |                |  |
| Item No.   |                             | Title                    |                                 | Quantity       | Price per<br>copy or set | Total          |  |
|  |                             |                          |                                 |                | \$                       | \$             |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
|  |                             |                          |                                 |                |                          |                |  |
| Prices and availabilit   | y are subject to            | change without           | notice.                         |                | 1                        |                |  |
| Mail completed order form to   |                             | J                        |                                 |                | SUBTOTAL                 | \$             |  |
| Calif. residents: Please add sales tax. (See chart on facing page.)          |                             |                          |                                 |                |                          |                |  |
| CDE Press Sales Office Shipping and handling charges                         |                             |                          |                                 |                |                          |                |  |
| 1430 N Street, Suite 3410 Sacramento, CA 95814-5901 Special shipping charges |                             |                          |                                 |                |                          | \$             |  |
|  |                             |                          |                                 | (See facing    | page for details.)       | \$             |  |
| Or fax completed order form 916-323-0823                                     | 1 10.                       |                          |                                 |                | TOTAL y                  | \$             |  |
| Visit our Web site:  |                             |                          |                                 |                |                          |                |  |
| http://www.cde.ca.gov  |                             |                          |                                 |                |                          |                |  |
| PAYMENT METHOD:  | ☐ CHECK (Payable to C       | California Department of | Education)                      | □ MASTER       | CARD D                   | PURCHASE ORDER |  |
|  |                             |                          |                                 |                |                          |                |  |
| CREDIT CARD NUMBER   | CARD NUMBER EXPIRATION DATE |                          |                                 |                |                          |                |  |
| AUTHORIZED SIGNATURE   |                             |                          |                                 |                |                          |                |  |